Utah Occupational Safety and Health (Utah OSHA) Utah Government Records Access and Management Act (GRAMA) GRAMA Request for Record Information

To: Angela Hansen

Utah Occupational Safety and Health (Utah OSHA)

160 East 300 South P.O. Box 146650

Salt lake City, UT 84114-6650

Builtiake City, 61 64114	0050
Person or entity making reque	<u>est</u>
Name:	Daytime Telephone Number
Mailing Address:	
I,specificity, attach additional s	hereby request copies of the following records. Please describe with reasonable heet if necessary:
Basic Information Required F	or Case File Location:
Company Name	Inspection Case Number
Date of Inspection	Citation DateCitation Number
for more detail see addition	onal sheet(s) attached.
The purpose of this request for	records is
This request is submitted under	the authority of Section 63-2-101 et. seq., Utah Code, (GRAMA). Please check one of
the following and attach necessary	ary documentation.
I am the subject of the re	ecord.
I am the person who pro	vided the information.
I am authorized to have	access by the subject of the record or by the person who submitted the information.
I am entitled with the rig	ht to inspect the record under GRAMA.
Other, please explain	
\$, in conformance w adopted by the governing body. the agency will contact me if es	o cover the actual cost of duplicating a record if copies are requested, not to exceed ith the government entity's policy as determined by ordinance or written formal policy I understand that there is no charge for inspecting a record. I further understand that timated costs are greater than the amount I have specified and that the agency will not f I have not authorized adequate costs.
Date:	Signature of Person Making Request:
_	

Fees:

\$20.00 per hour research fee \$2.00 for each VHS, CD or DVD \$.25 per page photo copy fee Utah Occupational Safety and Health Division Our telephone number: (801) 530-6901 FAX telephone number: (801) 530-7606